APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 12 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097721

1. Corporation Name: Anna of Miami Inc

Principal Place of Business / Mailing Address:
407 Lincoln Rd #5B
Miami Beach FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	764 Washington Ave Suite, Apt. #, etc.
City & State	Miami Beach FL City & State
Zip / Country	33139 / Dade Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-03-1996

5. FEI Number: 65-0725131 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	Ripa Bonaventura	764 Washington Ave	Miami Beach FL 33139
P	Oscar Fonseca	764 Washington Ave	Miami Beach FL 33139

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-01/03/01--01025--010
****150.00 ****50.00

8. Name and Address of Current Registered Agent:
George Brito
407 Lincoln Rd #5B
Miami Beach FL 33139

9. Name and Address of New Registered Agent:
Name: Ripa Bonaventura
Street Address (P.O. Box Number is Not Acceptable): 764 Washington Ave
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 11-14-2000
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 11-14-2000 305-534-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brito & Brito Accounting
407 Lincoln Road, Suite 5-b
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534

Division of Corporation
Department of State

November 14, 2000

Ref.: Anna of Miami, Inc.
Abatement of Penalties

Dear Sir or Madam:

Please abate the above penalties for my corporation since I have never received this notice.

Please find enclosed check in the amount of $150.00 to reinstate my corporation.

Sincerely,

Bonaventura Ripa
Owner